

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/519723

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51	/						
2	/						52	/						
3	/						53	/						
4	/						54							
5	/						55							
6	/						56		1					
7							57	/						
8							58	/						
9							59	/						
10							60	/						
11							61	/						
12							62	/						
13							63		1					
14							64		1					
15	/						65	/						
16	/						66	/						
17	/						67	/						
18							68		1					
19							69		1					
20							70							
21							71							
22							72							
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25							75							
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32	/						82							
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42							92							
43							93							
44							94							
45							95							
46	/						96							
47	/						97							
48	/						98							
49	/						99							
50	/						100							
TOTAL IND.	21	↓			↓									
TOTAL DEP.	78	←			←			3	↓		↓			
TOTAL CLAIMS	99							25	←		←			
								28						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████		████████		████████